IOWA NONPARTICIPATING MANUFACTURER ANNUAL COMPLIANCE WORKSHEET

Part 1: Manufacturer's Identification	
1. Name:	
2. Street Address:	
3. City, State, Country, Zip:	
4. Telephone Number:	
5. Electronic Mail Address: Part 2: Liability Year: Complete only one year of liability on this form. 6. The liability year for this certificate is:	
"roll-your-own" tobacco constituting one cigarette), that you	nd the amount of "roll-your-own tobacco" (based on .09 ounces of r company sold in Iowa, whether directly of through a distributor, wear in question, as measured by excise taxes collected by the state aring the excise stamp of the state. Units sold in Iowa: 7
Part 4: Deposit Amount	
Use the per units sold rates listed below to figure the base deliability year: For sales in Iowa from May 20, 1999, through Defense 2000: \$.0104712 per unit sold; For each of 2001 and 2002: \$.0136125; For each year 2003 through 2006: \$.0167539; a For 2007 and each year thereafter: \$.0188482 per 8. The appropriate rate for the liability year:	ecember 31, 1999, the rate per unit is \$.0094241;
9. Multiply Line 8 by Line 7, and write the amount:	9
10. Multiply Line7 by 2.51069% or 0.0251069 for sales in year. This cumulative inflation adjustment is calculated Exhibit C of the MSA.	a 2007 calendar
11. Deduct any deposits made for quarterly escrow paymer	nts if applicable. 11
12. This is the total amount to be paid into the qualified escrow account: 12 NOTE: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution.	
Part 5: Financial Institution 13. Name: Street Address: City, State, Country, ZIP:	
14. Escrow Account Number: Total amount held in this account \$	
Part 6: Signature Under penalties of perjury, I state that, to the best of my known certificate is true and accurate. (This document must be signature)	owledge, all of the information contained in this
Sworn and subscribed before me this day of , 200 Print the	he name of the authorized agent Title
	gnature of the authorized agent Date
City/State: My Commission expires:/	